

Substance Abuse and Mental Health Services Administration
HIV/AIDS Budget
(Dollars in thousands)

	FY 1998 Actual	FY 1999 Appropriation	FY 2000 Estimate
Knowledge Development and Application.....	\$9,181	\$10,055	\$10,647
<i>Mental Health (Non-add).....</i>	(8,028)	(8,902)	(9,492)
<i>Substance Abuse Treatment (Non-add).....</i>	(1,153)	(1,153)	(1,155)
Targeted Capacity Expansion.....	1,000	28,000	28,000
<i>Substance Abuse Prevention (Non-add).....</i>	(1,000)	(9,500)	(9,500)
<i>Substance Abuse Treatment (Non-add).....</i>	---	(18,500)	(18,500)
Substance Abuse Block Grant (Set-aside)	54,846	54,208	56,304
Program Management.....	580	580	580
Total, SAMHSA.....	\$65,607	\$92,843	\$95,531

HIV/AIDS by Functional Category

(Dollars in thousands)

Functional Categories	FY 1998 Actual	FY 1999 Appropriation	FY 2000 Estimate
II. Risk Assessment and Prevention:			
C. Information and Education/Preventive Services:			
1. High risk or infected persons:			
a. Health education/risk reduction.....	\$3,100	\$12,760	\$12,426
Subtotal, High Risk or Infected Persons.....	3,100	12,760	12,426
5. Health-care workers and providers.....	3,951	3,642	3,566
Subtotal, Information and Educ./Preventive Services.....	7,051	16,402	15,992
Total, Risk Assessment and Prevention.....	7,051	16,402	15,992
IV. Clinical Health Services Research and Delivery:			
A. Services:			
1. Community and mental health center services.....	1,977	2,000	3,000
2. Mental Health Systems Change.....	---	---	---
3. Substance abuse treatment improvement program.....	56,579	74,441	76,539
Subtotal, Services.....	58,556	76,441	79,539
Total, Clinical Health Services Res. and Delivery.....	58,556	76,441	79,539
Total, SAMHSA.....	\$65,607	\$92,843	\$95,531

SAMHSA HIV/AIDS ACTIVITIES

Overview

Reports on HIV infection in the United States suggest that more than 50 percent of new HIV cases are directly or indirectly related to injecting drug use. This underscores the urgency in addressing the dual epidemics of substance abuse and HIV/AIDS. Current estimates suggest that there are more than 21 million substance abusers in this country. The National Institute on Drug Abuse estimates that there are approximately 1.5 million injecting drug users, many of whom are multiple drug users. In addition, the sexual partner(s) and unborn children of injecting drug users are at great risk of exposure to HIV infection. Of newly diagnosed AIDS cases in 1997, 25% were directly attributable to injection drug use (IDU). However, among minority men the percentage of IDU related AIDS cases exceeded 31%. An additional 4% of new cases were attributable to injection drug use among men who have sex with men (MSM).

The status of the HIV/AIDS epidemic is a continuous severe and ongoing crisis that has been unchecked in communities of color, and especially in the African American and Hispanic communities. The burden of HIV/AIDS on racial and ethnic minorities is a severe and ongoing crisis that requires both immediate measures and a long term sustained commitment to overcome. According to the Centers for Disease Control and Prevention (CDC), AIDS is now the leading cause of death among African American, ages 25 to 44. Racial and ethnic minorities together account for more than 54% of the total AIDS cases reported since the beginning of the epidemic. Latinos account for 18% of the total AIDS cases.

The effect of HIV among substance abusing populations is quite evident -- injection drug use accounts for approximately 66 percent of the reported AIDS cases among women; 61 percent of the reported pediatric AIDS cases; and 30 percent of the total male AIDS cases. This does not take into account AIDS cases related to alcohol and other non-injection drug use (including crack cocaine use). Being under the influence of alcohol and/or drugs, and/or having a mental illness, greatly increases an individual's likelihood of engaging in unsafe sex practices, including having multiple sex partners that can lead to transmitting HIV.

The impact of HIV on the mental health status of persons living with HIV/AIDS is also of critical concern to SAMHSA. To date, more than 650,000 AIDS cases have been reported in the United States, and current CDC estimates suggest that there are 600,000 to 900,000 people infected with the virus. An additional 40,000 new HIV infection are estimated every year. The current public mental health system in this country does not have the capacity to meet all the mental health needs of those infected with the HIV much less those affected by HIV and AIDS. It is important that services addressing the needs of this population are maintained and/or enhanced.

Since its inception, SAMHSA has supported HIV/AIDS related activities through its Centers. SAMHSA's Center for Mental Health Services (CMHS) has supported a portfolio of projects since October 1992, designed to educate and train traditional and non-traditional mental health care providers to address the mental health needs of HIV infected persons and those at risk for HIV infection. Since October 1992, more than 64,000 mental health care providers have received specialized training supported by the CMHS program.

SAMHSA's Center for Substance Abuse Treatment (CSAT) has supported HIV/AIDS related activities through demonstration programs and the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

States whose AIDS case rate is 10 or more per 100,000 population, are required to expend 2-5 percent of the block grant to establish one or more projects to make available HIV/AIDS early intervention services at substance abuse treatment sites. In FY 1999, the HIV set-aside will amount to approximately \$54.2 million. In addition, SAMHSA's Center for Substance Abuse Prevention (CSAP) has supported HIV prevention activities targeting high risk adolescents through its High Risk Youth Program.

SAMHSA has been increasingly involved to address the interconnected epidemics of substance abuse and HIV/AIDS. In August 1996, SAMHSA along with other Federal agencies and national organizations co-sponsored a forum to bring substance abuse and HIV/AIDS policy makers, and service providers together to improve collaboration and integration of substance abuse and HIV prevention. In addition, SAMHSA's Office on AIDS convened a group of experts from the field to assist in the development of effective plans to ensure that substance abuse prevention and treatment, and mental health are fully integrated with HIV/AIDS prevention strategies and to recommend Knowledge Development and Application (KDA) study questions in the area of HIV/AIDS as it relates to substance abuse prevention and treatment, and mental health. In 1997, SAMHSA co-sponsored national organizations HIV/AIDS conferences, i.e., the Latino Lesbian and Gay Organization (LLEGO), the United States Conference on AIDS, and Men who Have sex with Men Conference. SAMHSA's participation in these most significant conferences will not only improve collaboration efforts, but also encourage information sharing and data gathering and linkages for SAMHSA's activities and development of a strategic plan for HIV/AIDS.

In 1998, SAMHSA developed an interagency agreement to fund the National Association of State and Territorial AIDS Directors (NASTAD) to collect and develop informational data on how the states are collaborating around issues relating to HIV/AIDS and substance abuse. Because the majority of the AIDS cases among African American women and children are directly or indirectly attributable to alcohol and other drug use, SAMHSA has also entered an interagency agreement to fund the National Minority AIDS Council (NMAC) to develop engaging forums to provide a unique opportunity to gather relevant data to assist SAMHSA policy and program staff in developing future strategies to address HIV/AIDS and women related issues. The SAMHSA AIDS Office has initiated the development of a strategic plan for SAMHSA's HIV/AIDS activities and programs. SAMHSA and the Office of National AIDS Policy entered a staff sharing agreement. This arrangement with the Director, Sandy Thurman, worked very well and enhanced linkages between the two offices in addressing further collaboration on substance abuse and mental health issues and HIV/AIDS. As in 1997, in 1998, SAMHSA participated in the US Conference on AIDS in Dallas, Texas, and conducted a three-hour seminar with participation from CSAT grantees.

SAMHSA has played a major role in the development of the HHS response to the Congressional Black Caucus (CBC). SAMHSA staff has participated in all facets of the CBC initiatives and SAMHSA response. These processes have built stronger linkages and collaboration among SAMHSA and the Department to include HRSA, CDC, NIH, and the Office of Minority Health.

In FY 1999, SAMHSA was provided \$22 million for the Congressional Black Caucus Initiative for comprehensive substance treatment and prevention programs for certain minority populations at risk for

HIV or living with HIV/AIDS. These include: substance abusing African American and Hispanic men (including men who have sex with men), women and young people. The Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention were designed to administer the CBC funded initiatives. These initiatives will be discussed under the listing of CSAT's and CSAP's HIV/AIDS activities and will continue in FY 2000.

In FY 2000, SAMHSA and its Centers will continue to pursue and participate in collaborative efforts with other Federal agencies such as the CDC, NIH, HRSA, IHS and HCFA as well as our State partners and national constituency organizations to address the multifaceted needs of substance abusers at high risk for HIV infection or living with HIV disease. SAMHSA will utilize information and data gathered from the CBC initiatives and activities to continue to target activities and linkages to eradicate and minimize substance use and HIV infection in those communities at high risk.

SAMHSA is committed to developing and implementing a response that both maximizes the effectiveness of existing programs to serve racial and ethnic minority communities confronting HIV/AIDS and substance abuse and mental illness disorders and developing new and innovative strategies that target assistance to address specific needs. With more cases attributable to injecting drug use among African Americans, efforts to stop HIV transmission must include substance abuse prevention and treatment programs and mental health support services as part of the array of strategies being offered.

Center for Mental Health Services

Accomplishments

Mental Health Services Demonstration Program

This program was a collaborative effort of SAMHSA, CMHS, HRSA, and NIH. It was the first Federal effort to develop models of delivery of mental health services to people living with and/or affected by HIV/AIDS. This program has shed new light on how to develop services and develop systems of care.

Findings from the program indicated that early intervention with mental health services can improve adherence to medical and other treatments. Mental health treatment services and HIV education play an important role in preventing children and adolescents whose parents have HIV or AIDS from acquiring the virus themselves. These and other important findings are currently being disseminated to the field.

Current Activities

HIV/AIDS High Risk Prevention/Intervention

Project SHIELD: The *HIV/AIDS High-Risk Behavior Prevention/Intervention Model for Young Adults/Adolescents and Women Program* is a collaborative venture aimed at bringing AIDS prevention into the community. Project SHIELD also represents an opportunity to move the field of HIV prevention research forward along the two parallel continuums of innovative intervention design and rigorous evaluation.

The multisite nature of this HIV prevention trial has the potential to test the efficacy of two brief interventions and generalize the study results to more than one study population. In essence, the question

posed by Project SHIELD is: can the principles underlying demonstrably effective HIV prevention interventions be applied in brief formats to real world client and still be effective in reducing HIV risk behaviors? Although the HIV prevention field has traditionally relied on self reports of risk behaviors as the primary outcome Project SHIELD will not only measure participants= self reported behavior change, which may be biased, but will *actually* measure reductions in diseases; diseases such as common STDs that are associated with considerable adverse sequelae and may facilitate HIV transmission.

HIV/AIDS Mental Health Provider Education Program

The *HIV/AIDS* Mental Health Care Provider Education Program completed its final year of funding in FY 1998. Grants have been awarded in the Mental Health Provider Education in *HIV/AIDS* Program II to evaluate the dissemination of knowledge on (1) the psychological and neuropsychiatric sequelae of HIV/AIDS, and (2) the ethical issues in providing services to people with HIV/AIDS, to both traditional and nontraditional first-line providers of mental health services, and to evaluate the relative effectiveness of different education approaches. Training approaches are incorporating the most current research-based information and allow easy modifications to reflect changes in the medical regimen for treatment of AIDS.

The HIV/AIDS Treatment Adherence/Health Outcome and Costs Study

The HIV/AIDS Treatment Adherence/Health Outcome and Costs Study reflects the collaboration of six Federal entities—the Center for Mental Health Services, which has lead administrative responsibility, and the Center for Substance Abuse Treatment, both of which are components of the Substance Abuse and Mental Health Services Administration (SAMHSA); the HIV/AIDS Bureau in the Health Resources and Services Administration (HRSA); and the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse, all components of the National Institutes of Health (NIH). The HIV/AIDS Cost Study is the first-ever Federal initiative designed to study integrated mental health, substance use, and primary medical HIV treatment interventions. More importantly, the study is the first Federal effort to determine if an integrated approach to care improves treatment adherence, produces better health outcomes, and reduces the overall costs associated with HIV treatment.

FY 2000 Agenda

A new *Continuum of Care* program will examine the extent to which mental health services improve the utilization of all health and human services, improve health and social outcomes, and improve the outcomes of the next generation of children by preventing behaviors that increase risk of contracting HIV/AIDS. The program will seek to increase compliance with medical regimens as well as mental health and substance abuse treatment, reduce risky behaviors, improve life outcomes for children affected by HIV/AIDS, and inform the field of effective models of service and models for integration of services and evaluation that can be replicated.

Center for Substance Abuse Prevention

Substance Abuse and HIV/AIDS Prevention for Youth and Women of Color: This \$6 million effort, initiated in FY 1999, responds to the pressing state of emergency that exists with respect to the extent and impact of HIV/AIDS on the Black community as highlighted by members of the Congressional Black Caucus (CBC). The overwhelming majority of AIDS cases among African American women and children is directly or indirectly attributable to alcohol or illicit drug use. The CBC has characterized the burden of HIV/AIDS on racial and ethnic minorities as a severe and ongoing crisis which requires both immediate measures and a long term commitment to resolve. The Substance Abuse and HIV/AIDS Prevention for Youth and Women of Color Initiative focuses on providing HIV/substance abuse prevention services to African American and Hispanic youth and women, with a particular focus on designated hard-hit communities and building capacity for improved training and technical assistance.

A major component of this initiative is a Substance Abuse/HIV Prevention Targeted Capacity Expansion program which provides funds to community-based organizations, Historical Black Colleges and Universities, Hispanic Colleges and Universities, Faith communities, and other coalitions and/or partnerships for the purpose of strengthening the integration of HIV and substance abuse prevention services at the local level and increasing the provision of integrated services to African American and Hispanic youth and women. The HIV/AIDS initiatives will also work with CSAP's Centers for the Application of Prevention Technology (CAPTs) to enable them to integrate HIV prevention into their substance abuse prevention materials and curricula and to help build capacity within the CAPTs to provide training and technical assistance to community based organizations and other providers in the hardest hit communities. Finally, the HIV/AIDS initiative will partner with national organizations to undertake several key roles, including accessing and retaining minority youth and women in prevention programs, ensuring the applicability and feasibility of proposed community programs, coordinating and convening the component service and training programs of the initiative, and providing technical assistance to the CAPTs in the incorporation of HIV prevention within substance abuse prevention materials and curricula available from them.

Center for Substance Abuse Treatment

In FY 1999, CSAT was appropriated \$16 million to address the issue of the crisis that exists with respect to the extent and impact of *HIV/AIDS in the Black Community* as highlighted by members of the Congressional Black Caucus (CBC). In response to this issue and the increasing number AIDS case rate among minorities, CSAT plans to award grants to augment, expand and enhance substance abuse treatment services that include an HIV component. These grants will be restricted to metropolitan areas with AIDS case rates of 25 per 100,000 or higher and States with AIDS case rates of 10 or more per 100,000 (as reported in the CDC's HIV/AIDS Surveillance Report). These funds will be earmarked for comprehensive substance abuse treatment programs for substance abusing African American and Hispanic populations at risk of contracting HIV, including women and their children and men who have sex with men (MSM).

Substance Abuse Block Grant HIV/AIDS Activities

Current SABG guidance for allocation of block grant funds to the States requires that 2% - 5% of the allocation must be spent on HIV/AIDS-related substance abuse programs in States with an AIDS case rate of 10 per 100,000 population (reported at \$53 million from the total block grant funding in the latest year for which data were available).

Full-Time Equivalent Employment (FTE) Ceiling

	FY 1998 Actual	FY 1999 Current Estimate	FY 2000 Estimate
Office of the Administrator	80	83	83
Office of Applied Studies	29	31	31
Office of Program Services	103	106	106
Center for Mental Health Services	124	125	125
Center for Substance Abuse Prevention	122	128	128
Center for Substance Abuse Treatment	112	120	120
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Total, SAMHSA	570	593	593

Average GS Grade

1996.....	11.04
1997.....	11.04
1998.....	11.70
1999.....	11.67
2000.....	11.67

Substance Abuse and Mental Health Services Administration
Detail of Positions

	FY 1998 <u>Actual</u>	FY 1999 <u>Appropriation</u>	FY 2000 <u>Estimate</u>
Executive Level I.....	---	---	---
Executive Level II.....	---	---	---
Executive Level III.....	---	---	---
Executive Level IV.....	1	1	1
Executive Level V.....	---	---	---
Subtotal.....	<u>1</u>	<u>1</u>	<u>1</u>
ES-6.....	3	3	3
ES-5.....	1	2	3
ES-4.....	5	4	3
ES-3.....	0	1	1
ES-2.....	1	0	2
ES-1.....	2	3	1
Subtotal.....	<u>12</u>	<u>13</u>	<u>13</u>
GM/GS-15.....	62	65	64
GM/GS-14.....	112	117	118
GM/GS-13.....	151	158	158
GS-12.....	37	37	38
GS-11.....	19	19	18
GS-10.....	3	3	3
GS-9.....	24	24	24
GS-8.....	23	24	24
GS-7.....	53	57	58
GS-6.....	23	24	23
GS-5.....	11	11	11
GS-4.....	4	4	4
GS-3.....	0	0	0
GS-2.....	1	1	1
GS-1.....	1	2	2
Subtotal.....	<u>524</u>	<u>546</u>	<u>546</u>
CC-08/09.....	0	0	0
CC-07.....	0	0	0
CC-06.....	18	18	18
CC-05.....	7	7	7
CC-04.....	5	5	5
CC-03.....	2	2	2
CC-02.....	1	1	1
CC-01.....	0	0	0
Subtotal.....	<u>33</u>	<u>33</u>	<u>33</u>
TOTAL Full-Time Equivalent Ceiling	570	593	593
Full-Time Equivalent Usage	549	574	565
Average GS Grade	11.70	11.67	11.67

